

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4) Summary Sheet

FILE NUMBER

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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IS THIS AN AMENDMENT? Yes	☐ No	The state of Johnson		District Control
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1. Full Name of Committee (as on Statement of Organ.	7/ 0/1/	name -CIVCV	HIBM MADE	
100			ephone Number	
Majling Address (address where all campaign finance)	ca correspondence is received)	() Check if this is a new	addraga	
680 5 nw ky hv	e currespondence is received)	Sheek ii this is a new	duuless	The state of the s
5. City, State, ZIP Code LATURE , for 46	033	6. Party Affiliation	(if applicable)	
CANDIDATE	EINFORMATION (For Candidate's (Committees Only)		(1) - [1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
7. Full Name of Candidate (include any nickname)	A21 Marti	8. Party Affiliation	or If Independer	nt Candidate
Richard Leirer	- potocas - formació de se	1		
9. Office Sought (Include district number, if any. Not re		10. County of Res	sidence to ~	NO STORE SE
TYPE			CONVENTIO	N CANDIDATES ONLY
11. Check one:		AND DESCRIPTION OF THE PARTY OF	Check one:	
Pre-Primary Pre-Election Annual Nomination	Other	to have the whole	Pre-Conv	vention
Final/Disbands Committee (lines 18, 19, and 20 must be "0")	Outgoing Treasurer (within 10 days amend Statement	of Organization)	Post-Con	vention
12. Reporting Period:	hrough: 12/31/07		DLUMN A is Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of	this reporting period.		0	s teparting cericulars (
14. Cash on hand and investments January 1, current		onis Jan.	acy. Taciment is	0
CONTRIBUTIONS	AND RECEIPTS	en en en de afin	field Holy surf	
(Note: these amounts include in-kind contributions and	d loans, as well as cash contributions.)	h5814.69)	ijrjöillittiris, quid jo	in the will be comp
15a. Itemized (use Schedule A)	the section of the section of	23	339,00	2339,00
15b. Unitemized				OHE SHOW THE
15c. Add lines 15a and 15b in both columns	SUB	TOTAL	hatt region has	OF THE REST
16. Add lines 13 and 15c in Column A and lines 14 and	d 15c in Column B	TOTAL 23	,39,00	2339.00
(Note: These amounts include in-kind expenditures an	TURES () The state of the state	Market And Market	ercetolis Guidior sandi	RESTABLISHED TO THE
17a. Itemized (use Schedule B) (Public Question: use		26	04.89	2604,89
17b. Uniternized	10 bearings of the second	A Table to hour		
17c. Add lines 17a and 17b in both columns	SU	BTOTAL 26	0\$ 89	7604.89
18. Cash on hand and investments at close of this reporting pr	eriod (subtract 17c from 16 in both columns)	TOTAL	200	
19. Debts OWED BY the committee (use Schedule D)		1	A C	in the state of the state of
20. Debts OWED TO the committee (use Schedule E)			1	Trocklish Section
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	CERTIFICATION	and the second second	F F	OR OFFICE USE ONLY
Signature on File	TILL CASULEY	Date / 16	O DOMPLETE.	Ü
	11 CASULER	Date,	75. 7	
	ied for sale or used for any commercial purpos-	1/16	/ € 8	
Campaign Finance Law commits a Class B misdemeanor, (IC 3-1	A person who fails to file a complete or accur	rate report as required b	y the Indiana	
Campaign i mance carr commis a class o misusmeanur, (10 3-1	T-1-14) and may be subject to civil pensilles. (IC 3	3-4-10, 10 3-3-4-17, 16 3	2-4-70/	



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(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT			DATE RECEIVED RECEIVED BY
LANY AVANY, Attorner 6525 E 824, Suite 102	Contributions: Direct In-Kind (describe)	5000	5000	5/2/07
Indum apolis, JN46250	Other Receipts: Interest Loan Misc. (specify)	res and done and		RLeirer
Contributor's Occupation (if required)				
2.	Contributions: Direct In-Kind (describe)	no ha e sina escito	AND STATE OF THE S	-40 Mg
	Other Receipts: Interest Loan Misc. (specify)	Mark To MO Mo	TURNEL NO.	10.1945
Contributor's Occupation (if required)	Calculate Bandrey and the	3.361354 BH	Tirking to A	18 13 JOS
3.	Contributions: Direct In-Kind (describe)	AC OT RABY EX	TAJUMJan	650,100
non anti-communication and the same survival and the same survival and the same same same same same same same sam	Other Receipts: Interest Loan Misc. (specify)	en e	ed to though the	Herao
Contributor's Occupation (if required)			exemples of	117 11 1869
4.	Contributions: Direct In-Kind (describe)	Id or each		HOCEL I
COLUMN TO A PROBLEM TO SERVE SERVE TO SERVE SERV	Other Receipts: Interest Loan Misc. (specify)	5 Magnago	CATENT W STORY OF STORY	01818 66 401
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5.	Contributions: Direct In-Kind (describe)	Manager a	at especial	
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebales, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number; city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Friends of Jim Bramard 12662 Royce Ct Carnel, IN 46033	Contributions: Direct In-Kind (describe)	228900	Management of the Park Street, Square,	5/11/07
Carnel, IN 46033	Other Receipts: Interest Loan Misc. (specify)		cynbas an a an a series	R.Leirer
	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)	Ras - Royal	O TUBISTRIO	73 S97T
3.	Contributions: Direct In-Kind (describe)	ia dolpas an	THUOMA :	Maria IDE
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5 Visit To a series of a se	Contributions: Direct In-Kind (describe)	BAUGSI DE N Badala A Ava a	230A9 LUA Longesto St	ATOT
	Other Receipts: Interest Loan Misc. (specify)			
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(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Office MAY		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	12,17		4/14/07
USPS		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	409,11	Response to the Response to the Land of th	416/07
UPS Store	TECHSINE ACCOUNTS	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	206.70	ME S MAY SEE	5/5/07
Office Max	Manual State Services	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	6.30		5/5/07
Office MAR	to recept two sais and a self according to a self-recept according to a sel	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	24-36		5/7/07
Carrent is	The Total Latinous and Total Lat	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	37500		5/1/01
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	A COLUMN		
ER TOLE SAT NO B CULCIONOS VIV.	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$1033.64		
TOTAL OF ALL F	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of		\$/033.64	berster	an Aprile